PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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Application Number 10/723,268-Conf. #8759 **TRANSMITTAL** Filing Date November 26, 2003 **FORM** First Named Inventor Barb A. Cohen Art Unit 1657 Examiner Name T. M. Gough (to be used for all correspondence after initial filing)

Total Number of Pages in This Submis	sion		59660RCE(300541)	_		
ENCLOSURES (Check all that apply)						
X Fee Transmittal Form	Drawing(s)		After Allowance Communication to TC			
Fee Attached	Licensing-rela	ated Papers	Appeal Communication to E Appeals and Interferences	Board of		
Amendment/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Co Provisional A		Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter			
X Extension of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund		Request for Continuted Examination			
Information Disclosure Statement	CD, Number of CD(s)		Copy of Amendment After Final, filed December 31, 2007			
Certified Copy of Priority Document(s)	Landsc	ape Table on CD	Return Receipt Postcard			
Reply to Missing Parts/ Incomplete Application	Remarks	,				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF ARRUPANT ATTORNEY OR AGENT						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name						
EDWARDS ANGEL	EDWARDS ANGELL PALMER & DODGE LLP					
Signature / W G G						
Printed name Jeffrey Kopaez	. //					
Pebruary 27, 2008		Reg. N	54,744			

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.

Effective on 12/08/2004.

FEE TRANSMITTAL For FY 2008 X Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 930.00 Attorney Docket No. 59660RCE(300541) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 04-1105 Deposit Account Name Edwards Angell Palmer & Dodge For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Total and 1.77 Credit any overpayments	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/723,268-Conf. #8759)			
For FY 2008 Sample First Name First Name T. M. Gough									
X Applicant claims small entity status. See 37 CFR 1.27 At Unit 1657				First Named Inv	First Named Inventor Barb A. Cohen				
METHOD OF PAYMENT (check all that apply)	F0I	FT ZU	JO		Examiner Name	Examiner Name T. M. Gough			
Check Credit Card Money Order None Other (please identify):	X Applicant claims sma	all entity status	. See 37 CFR 1.27	,	Art Unit 1		1657		
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filing fee X Charge fee(s) under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filing fee X Charge fee(s) Indicated below, except f	TOTAL AMOUNT OF PAYM	ENT	(\$) 930.00		Attorney Docket No. 59		59660RCE(300541)		
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Filling FEES Small Entity Fee (\$) Fee	FEE CALCULATION								
Multiple Dependent claims Fee (\$) Fee (\$	1. BASIC FILING, SEARC	CH, AND EXA	MINATION FEE	S					
Application Type		FILI		SEA		EXAMIN			
Design 210 105 100 50 130 65	Application Type	Fee (\$)		Fee (\$		Fee (\$)		Fees	Paid (\$)
Plant	Utility	310	155	510	255	210	105	_	
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES	Design	210	105	100	50	130	65		
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Registration No. (Attorney/Agent) 54,744 Telephone (617) 239-0719	SUBMITTED BY	/							
	Signature	14 %	997,			54,744	Telephone	(617) 23	9-0719
	Name (Print/Type) Jeffrey	Kopacz					Date F	ebruary	27, 2008



Application No. (if known): 10/723,268

Attorney Docket No.: 59660RCE(300541)

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Transmittal (1 page)

Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Note:

Request for Continued Examination Transmittal (1 page)

Copy of Amendment After Final, filed December 31, 2007 (35 pages)

Charge \$930.00 to deposit account 04-1105